# Best Available Copy

### PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)						_	SMALL TYPE	ENTITY	OR	OTHER SMALL			
FOR			NUMB	ER FILED			EXTRA	1	RATE	FEE	1	RATE	FEE
BASIC FEE				-				1		345.00	OR		690.00
TOTAL CLAIMS			35 minus 20= + 15				1	X\$ 9=		OR		300	
INE	DEPENDENT C	LAIMS		y minus	3 =	. 1		1	X39=		OR	X78=	98
MULTIPLE DEPENDENT CLAIM PRESENT						$] \mid$	+130=		OR	+260=	70		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	11124		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)						ı	SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CL/ REM/ AF	AIMS AINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	1.3	5	Minus	**	20	= /5		X\$ 9=		OR	X\$18=	200
AME	Independent FIRST PRESE	NITATIO	N OF M	Minus	***	3 ENT CLAIM	= /		X39=		OR	/X78=	78,00
	TINOT FRESE	INTATIO	IN OF IVI	OLTIPLE DE	PEND	ENT CLAIM		] [	+130=		OR	+260=	
				•				L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE	71038,0
			ımn 1)			olumn 2)	(Column 3)		, LE	<u> </u>	•	ADDIT. I CE	,
AMENDMENT B		REMA AF	AIMS AINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*		Minus	**	_	=		X\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	•	N OE MI	Minus	***	CNIT CLAINA	=		X39=		OR	X78=	
	THOTTRESE	INTALIO	IN OF MIC	DETIFLE DEF	END	ENT CLAIM		<b>,</b>	+130=		OR	+260=	
						,		L	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
			mn 1)			olumn 2)	(Column 3)	_					
AMENDMENT C	) ×	REMA AF	AIMS AINING TER DMENT		PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
AME.	Independent	•		Minus	***		=		X39=			X78=	1 7
	FIRST PRESE	NTATIO	N OF MU	JLTIPLE DEP	PEND	ENT CLAIM		-	,,,,,,,		OR	770-	
٠,	f the entry in colur	nn 1 is le	ss than th	e entry in colu	mn 2 v	write "O" in co	lumn 3	L	+130=		OR	+260=	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE  ADDIT. FEE													
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

# This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

# NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09493517

### **Total Fee Calculation**

	Fee Code	Total # Claims	Number Extra	x	Fee	Fee	=	Total
	Sm./Lg.				Sm. Entity	Lg. Entity	•	
Basic Filing Fee	201/101	00	1~		345	690	س	698
Total Claims >20	203/103	55 -20 =	12	x	9	18	=	270
Independent Claims >3	202/102			x	39	18	-	18
Mult. Dep Claim Present	204/104				130	260	-	
Surcharge	205/105				<u>65</u>	130	-	130
English Translation	139							
TOTAL FEE CALCULA	ATION							1168.

## Fees due upon filing the application:

Total Filing Fees Due =	<b>s</b> _	1162
Less Filing Fees Submitted	- \$	0
BALANCE DUE	. = <b>\$</b>	1108
Atha.	_	

Office of Initial Patent Examination